

The Ink Lending Group, LLC
602 Heights Blvd Ste 100
Houston, TX 77007
713-CALL-INK

Application Date:



Credit Card Authorization

www.inklending.com

Payment Information:

Name on Card:	<input type="text"/>	Property Address:	<input type="text"/>	Expiration Date:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Billing Address:	<input type="text"/>	City, State, & Zip:	<input type="text"/>	Phone Number:	<input type="text"/>
City, State, & Zip:	<input type="text"/>	Card Type:	<input type="text"/>	V-Code:	<input type="text"/>
Credit Card Number:	<input type="text"/>				

Charge Amount:

You will be Charged _____ for an _____ fee.

Signature:

Date: